



SOUTHEASTERN
REGIONAL
MEDICAL CENTER

2006 CANCER PROGRAM ANNUAL REPORT

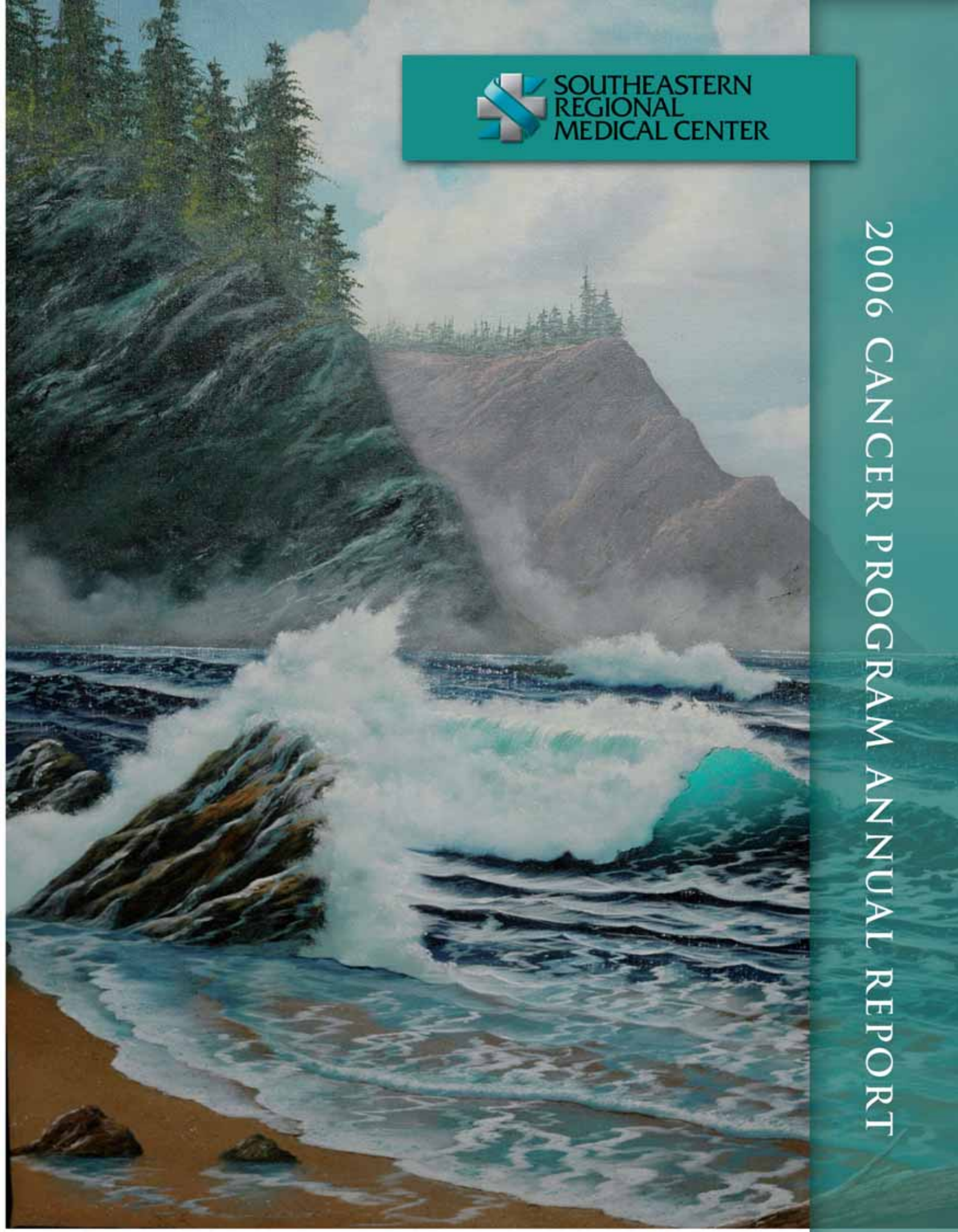


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NOTE: The narrative of this report reflects activities of the Gibson Cancer Center program during fiscal year October 1, 2006 through September 30, 2007. However all data analysis is based on 2006 cancer incidence.

DEDICATION

This report is dedicated to all current and former cancer patients of Southeastern Regional Medical Center and the Gibson Cancer Center.

*The paintings throughout this report are by **Georgia Ivie**, 69, of Pembroke.*

A native of South Dakota, she moved to North Carolina in 1994. She earned a bachelor's degree in studio art from UNC Pembroke in 2005 and is currently pursuing a master's degree in art. She teaches pottery to the blind and visually impaired and oil painting to senior citizens through the City of Lumberton Parks and Recreation department.

CANCER COMMITTEE CHAIRMAN'S REPORT

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As chairman of the cancer committee, I am pleased to report that the cancer program at SRMC continues to grow, both in the number of patients receiving services as well as in the programs provided. Southeastern Regional Medical Center remains committed to providing state-of-the-art cancer services to the people of Robeson County and the surrounding communities. The longstanding partnership with Duke Health Systems through the Duke Oncology Network and Southeastern Radiation Oncology at Cape Fear Valley Medical Center has supported SRMC by providing physician services and expertise for the oncology program. This report reflects the activities of the cancer program during the fiscal year October 1, 2006 to September 30, 2007. The cancer data analysis is based on the 2006 cancer incidence.

New faces, enhancement of existing programs, improving services, as well as the continued hard work of the staff to provide a comprehensive cancer program, were evident. Some of the highlights of the year include:

- Appointment of a new administrative director, Pamela Clark, BSN, OCN, MHA
- Appointment of a new nursing manager, Laura Butler, RN
- New staff for the Tumor Registry
- A successful American Cancer Society Relay for Life in Robeson County, raising more than \$150,000 for cancer research, and UNC Pembroke's first Relay which raised more than \$15,000.
- Celebration of the First Annual Survivor's Day held June 9, 2007. More than 100 cancer survivors and family participated.
- Community breast and prostate cancer screening programs
- Addition of a community support group for the Red Springs area
- Approval for new technology for radiation therapy
- Additional expertise from Cardiothoracic Surgeon Dr. Terry Lowry of Duke Cardiovascular Surgery of Lumberton, for cancer patients requiring thoracic procedures
- Reappointment of Dr. Samuel Britt as the Cancer Liaison Physician
- Cancer Program sponsored medical staff education on melanoma in October 2006

Achieving the goal of becoming an accredited community cancer center through the American College of Surgeons Commission on Cancer remains a major focus of the program. Many requirements have already

CANCER COMMITTEE CHAIRMAN'S REPORT

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been met, and the Cancer Committee is meeting quarterly as are the subcommittees, in order to move the program forward to completion of all the required elements. The treatment of cancer requires a multidisciplinary team working together to provide quality care for these patients. The physicians, nurses and staff at SRMC and the Gibson Cancer Center are to be commended for their efforts in providing these programs and services to the community.

Thanks to all for your contributions in the "fight against cancer."

Respectfully Submitted,

Gail Leget, M.D.

CANCER COMMITTEE 2006-2007

Gail Leget, M.D., Medical Oncology, Chairman

Robert Cherichella, M.D., Radiology

Richard Johnson, M.D., Pathology

Samuel Britt, M.D., Surgery

Pam Clark, Director, Gibson Cancer Center

Reid Caldwell, Vice President, Administration

Shereta Jenkins, Oncology Therapist

Annette Dixon, Cancer Registrar

Beth Andrews, Assistant Unit Manager, 6th Tower

Pamela Jackson, Director, Medical/Surgical

William Burleson, M.D., Urology

Janie Grimes, Gibson Cancer Center, Nurse Manager

Karen Kay, CAP Director

Ahmad Mahmood, M.D., Medical Oncology

Thomas Walden, M.D., Radiation Oncology



Drs. Ahmad Mahmood, Gail Leget and Thomas Walden

SOUTHEASTERN REGIONAL MEDICAL CENTER

GIBSON CANCER CENTER

SUB-COMMITTEE MEMBERS 2006 -2007

QUALITY/PROGRAM ENDEAVORS SUBCOMMITTEE

Pam Clark, Director, Cancer Center Admin. - Chair/Coordinator
Gail Leget, M.D., Medical Oncology
Thomas Walden, M.D., Radiation Oncology
Samuel Britt, M.D., Surgery
Reid Caldwell, Vice President, Administration
Laura Gaitley, Director, Maternal Care
Annette Dixon, Cancer Registrar
Janie Grimes, Cancer Center Nurse Manager
Beth Andrews, Assistant Unit Manager
Michelle Gaskins, Protocol Nurse
Debbie Ayers, Nursing Performance Improvement Coordinator

CLINICAL MANAGEMENT SUBCOMMITTEE

Janie Grimes, Cancer Center Nurse Manager - Chair/Coordinator
Teresa Vanderford, Director, Care Management
E.L. Baker, M.D., OB/GYN
Kristine Dini-Plumadore, Director, Rehabilitation Services
Miriam Edwards, Director,
Southeastern Home Care Services/Southeastern Hospice
Shereta Jenkins, Oncology Therapist
Pattie Ramsaur, Clinical Dietitian
Beth Andrews, Assistant Unit Manager
Tina Bullard, Pharmacist
Michelle Gaskins, Protocol Nurse
Shari Nichols, Chief Radiation Therapist

COMMUNITY/OUTREACH SUBCOMMITTEE

Samuel Britt, M.D., Chair/Coordinator
Pam Clark, Director, Cancer Center Admin.
Kathy Hansen, Fitness Services
Lekisha Hammonds, Manager, Community Health Services
Antonia Clark, Critical Care Service Educator
Kathy McGinniss, Director, IRC/CHEC
Mary Black, Director, Community Health Services
Susan Noble, Robeson County Cooperative Extension
Sandra Grey, Robeson County Health Department
Tillie Clark, Robeson County Health Department
Linda Burney, American Cancer Society
Karen Dial, Robeson County Health Department
Shereta Jenkins, Oncology Therapist
Denise Locklear, Robeson Health Care Corporation
Cathy Hardee, Southeastern Hospice

TUMOR BOARD COORDINATOR

Annette Dixon

QUALITY CONTROL OF CANCER REGISTRY DATA

Thomas Walden, M.D., Coordinator



Tumor Boards are a major component of our cancer program and are held every first and third Monday of each month. These educational conferences are coordinated by the Cancer Registry staff and are an important part of our cancer program. These conferences use a forum for multi-disciplined discussion of each individual presented.

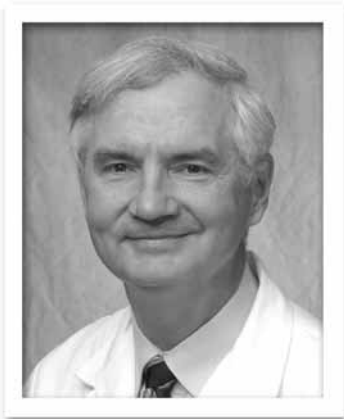
Primarily, our Medical Oncologists, Drs. Gail Leget and Ahmad Mahmood, and Radiation Oncologist Dr. Thomas Walden determine which cases need to be presented. Discussions include pre-treatment evaluations, clinical course, pathological findings, and any treatment performed prior to presentation. Clinical and treatment recommendations and conclusions are made as a result of these discussions. Managing physicians then apply those decisions to their treatment plans.

Furthermore, tumor boards act as an educational forum for participants by providing technological updates and scientific advancements in the arena of cancer diagnosis and treatment. Physicians, physician assistants and nurse practitioners receive credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association through the Southern Regional AHEC for their involvement in tumor boards.

In 2006, physicians presented 84 cases, of which 82 percent were presented during tumor boards which addressed patient management issues. An average of 19 professionals participated. Those present represented the services of medical oncology, radiation oncology, pathology, radiology, surgery, patient care services, pharmacy, nutrition, administration, community outreach and cancer registry. In addition, one educational topic was presented, *Clinical indications of PET/CT*.

THE PRIMARY SITES DISCUSSED WERE:

Lung	Uterus/Endometrium	MDS
Colon	Endocervix/Cervix	Submandibular Gland
Leiomyosarcoma	Breast	Stomach
Brain	Rhabdoid	Ovary
Lymphoma	Kidney	Leukemia
Liver	Bone	Gastric
Base of Tongue	Parotid	Glioblastoma
Carcinoid	Pancreas	Meningioma
Multiple Myeloma	Thyroid	Esophagus
Rectum	Larynx	Prostate
Sezary Syndrome	Unknown Primary	



Samuel Britt II, M.D.

All persons involved with cancer care on the local scene are striving to obtain accreditation from the Commission on Cancer (CoC). This has been a big step that has taken years to obtain. In order to comply with CoC standards, there is to be a Cancer Liaison Physician (CLP) that is a volunteer physician who has several responsibilities and duties. It is recommended that this physician be different from the local Cancer Committee Chairperson.

I have served the local Cancer Committee in this capacity since 2004. My first responsibility is to be a physician champion within the cancer program serving on the cancer committee. I also serve as an advocate for the cancer registry, facilitate accurate physician staging, promote participation in clinical trials, improve the quality of care delivered and promote CoC approval.

I also serve as the liaison between the CoC and the local cancer program. I report regularly to the cancer committee regarding CoC initiatives, spearhead CoC quality studies within the cancer program, ensure timely and quality submission of NCDDB data, play a role in the CoC survey preparation and participation, and attend meetings held by the CoC and state cancer chair.

Finally, I serve as an agent of change in the community. Through the Outreach Subcommittee of the Cancer Committee, I facilitate the provision of support services and community outreach activities, facilitate the cancer program's relationship with the American Cancer Society (ACS), participate in the state cancer plan, and remain engaged in community activities.

Hopefully in the next year, by fulfilling these duties, the Gibson Cancer Center, an affiliate of SRMC, will obtain the accreditation from the CoC.

*Samuel Britt II, M.D.
Cancer Liaison Physician*

GIBSON CANCER CENTER & SOUTHEASTERN HEART CENTER

A PARTNERSHIP FOR BETTER HEALTH

Most patients with diseases of the chest are patients with a “lung mass.” Lung cancer is one of the most common cancers in the world and is the leading cause of cancer death in men and women in the United States. Smoking causes most lung cancers. The greater the exposure to tobacco smoke, the greater the risk. High levels of pollution, radiation and asbestos exposure may also increase risk. More individuals die of lung cancer than from colon, breast and prostate cancers combined. In 2007, there will be approximately 213,380 new cases of lung cancer diagnosed in the United States with 160,390 deaths. Six out of 10 individuals with a diagnosis of lung cancer die within one year of their diagnosis.

Common symptoms of lung cancer include:

- A persistent cough that doesn't go away or gets worse over time
- Constant chest pain
- Coughing up blood
- Shortness of breath, wheezing or hoarseness
- Recurring episodes of pneumonia or bronchitis
- Swelling of the neck and face or enlarged lymph nodes
- Loss of appetite or weight loss
- Fatigue



Common risk factors include:

- Smoking — about 87 percent of lung cancers are related to smoking. As noted above, the greater the exposure, the greater the risk of developing lung cancer. Just as important, secondhand smoke is a risk factor.
- Exposure to substances such as arsenic, asbestos, radioactive dust or radon can also increase your risk.
- Radiation exposure, either from work, medical or environmental sources
- A family history of cancer

Unfortunately, there are no good screening tools to help in the early diagnosis of lung cancer. Many patients present for non-specific complaints and are found to have a spot on their lung. While it is often assumed that presence of a spot on the lung is cancer, some lung masses are benign or non-malignant. When lesions are found, a team of specialists get involved to help determine what the appropriate next steps are to determine what the mass is and how to best treat the patient.

The thoracic surgeons work with the primary care physicians and other specialists to aide in the diagnosis and treatment of diseases involving the chest. When dealing with a mass lesion or fluid collections, specimens are needed for laboratory evaluation to determine whether you are dealing with cancer or a benign process.

Diagnostic tests performed by the staff include:

- Thoracentesis—a procedure to remove fluid from around the lungs to evaluate the types of cells present, either benign or malignant.

GIBSON CANCER CENTER & SOUTHEASTERN HEART CENTER

A PARTNERSHIP FOR BETTER HEALTH

- Bronchoscopy—a flexible camera is inserted into the airway to look for lesions and take tissue samples for diagnostic purposes.
- Computed tomography (CT) scan of the lungs to identify abnormal tissue masses. In appropriate patients, this equipment can be used to guide a needle into a lung mass to retrieve cells for laboratory evaluation.
- Positron emission tomography (PET) scan of the lungs to look for cells with rapid growth that may indicate cancer cells.
- Bone scan to look for lesions that may indicate that cancer has spread to the bones.
- Mediastinotomy—a surgical procedure to remove tissue from lymph nodes deep in the chest for laboratory evaluation.
- Video assisted thoracic surgery—in patients with lung masses near the surface of the lung and a non-diagnostic needle biopsy, several small incisions are made in the chest and the lesion located using a small camera. That area of the lung is removed and sent to the laboratory for evaluation.



Once the diagnosis has been made, treatment recommendations can be discussed. For patients diagnosed with benign lesions, usually no further treatment is needed unless the size or location of the lesion necessitates removal. In those patients diagnosed with lung cancer, staging is performed with a combination of the diagnostic tests listed above. In patients with early stage disease and no lymph node involvement or metastasis, surgical resection is the treatment of choice. The goal is to remove all obvious disease and surgically stage the patients. In this procedure, the affected portion of the lung and the adjacent lymph nodes are removed or sampled. Further treatment depends on the surgical staging. If there is no lymph node involvement and all gross tumor is removed, no further treatment may be necessary.

Being diagnosed with a lung mass can be a frightening experience. Having knowledge of what you can expect before, during and after the diagnosis can decrease the anxiety surrounding it. It is important to modify the risk factors that you have control over to lower your risk of lung cancer. If you smoke, you need to stop. This may be one of the toughest things you will ever do, but the payoff for your health and well-being is profound. If you work around many of the chemicals mentioned in this article, be sure to wear your protective equipment all the time, every time you are exposed. And lastly, pay attention to the needs of your body. Eat a balanced diet, drink plenty of water, and exercise moderately for overall good health.



Terry Lowry, M.D.

It is important to understand the risks involved with lung cancer, and what to do to prevent it. However, if you are diagnosed with a spot on your lung, know that the surgeons and specialists affiliated with the Southeastern Heart Center and Gibson Cancer Center, along with primary care physicians, are available to help you and your family through this difficult time.

*Terry S. Lowry, M.D.
Catherine Gaines, PA-C
Cardiothoracic Surgery
Southeastern Heart Center*

COMMUNITY AWARENESS

2006

In March 2007, Gibson Cancer Center began holding monthly events for the community. The topics of discussion have included colorectal cancer, genetics and cancer, UV safety awareness and melanoma.

Oncology Social Worker Shereta Jenkins, a member of the Robeson County End of Life Coalition, assisted in planning and coordinating a conference, *Healing Following Loss: The Clinical Emotional Sides of Pain*, held April 18, 2007, at Holiday Inn in Lumberton. The conference targeted caregivers, volunteers, students and health care professionals in Robeson and surrounding counties.



On June 9, 2007, Gibson Cancer Center held the First Annual Survivor's Day Celebration. National Cancer Survivor's Day is a celebration that honors the 10 million Americans who have been diagnosed with cancer and are alive today. It is also a special time for the survivors' families, friends and health care providers. This special event is celebrated in June with more than 700 communities in the United



States and Canada. Now in its 21st year, this symbolic event shows the world that life after a cancer diagnosis can be a reality. There are over 4,070 cancer survivors in Robeson County. **A cancer survivor is anyone who has been diagnosed with cancer.** The event was successful with more than 150 people in attendance. Author Lisa Huggins-Oxendine, P.A.-C., M.A.Ed, donated copies of her book, *The Pink Begonia Sister's Caribbean Retreat*. Speakers included Medical Oncologists Drs. Gail Leget and Ahmad Mahmood, and Dr. Samuel Britt, cancer liaison. Survivors and their family members were able to receive free skin cancer screenings,

blood pressure checks, chair massages, face paintings, entertainment and lunch. Two SRMC affiliates, the Southeastern Lifestyle Center for Fitness and Rehabilitation and Southeastern Home Care Services, as well as Robeson County Cooperative Extension provided educational information during the event. The Unique Surviving Sisters, Circle of Life and Man-to-Man cancer support groups provided information and invited survivors to join their groups. Brandi Bullard and her 9-year-old daughter, Endia Bullard, donated approximately 40 inches of hair to the Locks of Love Foundation. Almost \$1,000 was raised during a drawing for an afghan donated by Mrs. Polly Gathings. The afghan featured colors which represented several different types of cancer. All proceeds were donated to the Ribbons for Cancer Recovery Endowment fund, which assists Gibson Cancer Center patients with medication and transportation needs.



COMMUNITY AWARENESS

2006

The Center collaborated with SRMC's Community Health Services to provide free prostate specific antigen tests. The tests were offered at Gibson Cancer Center on Sept. 6, 2007, from 5 - 7 p.m. In addition, men were offered free chair massages, refreshments and educational information on prostate health awareness.

Shereta Jenkins, Lorna Clothier and Pam Clark volunteered with Community Health Services at A.J. Robinson Medical Clinic, Fairmont Medical Clinic and Julian T. Pierce Medical Clinic to assist with community prostate screenings. Physicians provided digital rectal exams free of charge for men ages 40 and over in the community.



The Center also participated in UNC Pembroke's Pembroke Day celebration. Information on prostate awareness month and support groups and services available through the Gibson Cancer Center was provided for the 2500 students, community members and professionals who attended this special event.

RELAY FOR LIFE



Relay for Life, a community walking event sponsored by the American Cancer Society, has been held in Robeson County since 1997. Hundreds of thousands of dollars have been raised for cancer research by Robeson County, alone.

In 2006, the Gibson Cancer Center team was presented with the platinum level award for raising more than \$6,000 for cancer research. The team had an awesome time walking during the event despite the rain and lightening. Many thanks to the volunteers who work diligently to organize a successful event each year.

CANCER REGISTRY REPORT

2006

The Cancer Registry, located at Gibson Cancer Center, is a required and vital component of the Cancer Program of Southeastern Regional Medical Center. The registry has maintained a database since January 1999.

Cancer cases are required to be reported quarterly to the North Carolina Central Cancer Registry in accordance with state law under guidelines established by the National Association of Central Cancer Registries (NACCR) and the American College of Surgeons (ACoS). The Cancer Registry is responsible for the collection, organization and analysis of data related to every patient diagnosed with cancer within the Southeastern Regional Medical Center network. Lifetime follow-up of patients is maintained through the monitoring of re-admissions within the SRMC health care system and by networking with the physicians involved in the patient's care. The registry provides a vital database for cancer epidemiological investigation within the county/state/nation and is routinely reviewed by area physicians.

During 2006, a total of 483 cancer cases were included in the registry. Of these, 444 were newly diagnosed (analytic) cancers compared to 403 in 2005. Seventy-five percent of the analytic cases (332 individuals) were residents of Robeson County with 13 percent from Bladen County and 9 percent from Columbus County. This number may underestimate the true incidence of cancer within the community due to patients being diagnosed and reported by their diagnosing physician through other databases, although at the state level the county data is re-assimilated.



Gail Leget, M.D.

The distribution of primary cancer sites in the 2006 database is very similar to the distribution for cancer incidence in the state registry and United States estimates, but continues to remain slightly higher for incidence of breast and lung cancer. The majority of breast and prostate cancers continue to be early stage disease, while the lung cancers were detected more commonly in advanced stages.

Out of the 394 patients that were diagnosed and treated at Gibson Cancer Center in 2006, 24 percent represented breast cancer cases and 17 percent were lung cancer cases. Smoking tobacco products has been shown to increase the incidence of lung cancer. Sixty-three of our 68 patients with lung cancer (93 percent) have a history of smoking. Forty-seven percent were current smokers and 46 percent were former smokers. A North Carolina Center for Health Statistics survey in 2006 found that 24.8 percent of



Thomas L. Walden Jr., M.D., Ph.D.

Robesonians were current smokers and 22.4 percent were former smokers, compared to 22.1 percent current smokers and 24.1 percent former smokers in the state. Prostate cases accounted for 61 cases (16 percent) in our database. Colon/rectal cases accounted for 45 patients (11.4 percent) in our database for 2006.

The Cancer Registry conducts annual follow-up on each living patient. There are currently 1,736 patients under follow-up. The registry has been able to maintain a 94 percent successful follow-up rate to monitor the patient's status, the cancer status and any subsequent treatment the patient may have received after their initial first course of treatment.

The registry continues to institute safeguards to protect the patient's confidentiality within the database, while being able to make data available to health professionals in the area and statistics to the state database. This information is used to promote health and awareness programs, review treatment practices and conduct epidemiological studies. We recognize this database represents individuals who have been diagnosed with cancer and applaud their courage in battling this disease.

Thomas L. Walden Jr., M.D., Ph.D.

Radiation Oncology

Cancer Registry Physician Advisor

Gail Leget, M.D.

Hematology/Medical Oncology

Cancer Committee Chairman

NEWLY DIAGNOSED CANCER

2006

PRIMARY SITE	TOTAL	CLASS		SEX		STAGE						
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	483	444	39	230	253	9	62	123	65	69	91	64
ORAL CAVITY	7	6	1	4	3	0	0	3	0	3	1	0
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	2	2	0	1	1	0	0	1	0	1	0	0
OROPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	5	4	1	3	2	0	0	2	0	2	1	0
DIGESTIVE SYSTEM	65	62	3	28	37	3	5	11	12	18	16	0
ESOPHAGUS	3	3	0	2	1	0	0	1	0	1	1	0
STOMACH	1	1	0	1	0	0	0	0	0	0	1	0
COLON	36	35	1	16	20	2	4	4	9	9	8	0
RECTUM	11	11	0	5	6	1	0	3	2	5	0	0
ANUS/ANAL CANAL	0	0	0	0	0	0	0	0	0	0	0	0
LIVER	1	1	0	1	0	0	0	0	0	0	1	0
PANCREAS	11	10	1	3	8	0	1	2	1	2	5	0
OTHER	2	1	1	0	2	0	0	1	0	1	0	0
RESPIRATORY SYSTEM	74	73	1	55	19	0	9	2	24	28	11	0
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	5	5	0	5	0	0	1	1	2	0	1	0
LUNG/BRONCHUS	69	68	1	50	19	0	8	1	22	28	10	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
BLOOD & BONE MARROW	38	34	4	20	18	0	0	0	0	0	0	38
LEUKEMIA	14	11	3	7	7	0	0	0	0	0	0	14
MULTIPLE MYELOMA	5	5	0	2	3	0	0	0	0	0	0	5
OTHER	19	18	1	11	8	0	0	0	0	0	0	19
BONE	0	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	0	0	0	0	0	0	0	0	0	0	0	0
SKIN	4	2	2	2	2	0	0	0	1	0	3	0
MELANOMA	3	2	1	2	1	0	0	0	1	0	2	0
OTHER	1	0	1	0	1	0	0	0	0	0	1	0

NEWLY DIAGNOSED CANCER

2006

PRIMARY SITE	TOTAL	CLASS		SEX		STAGE						
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	483	444	39	230	253	9	62	123	65	69	91	64
FEMALE GENITAL	20	16	4	0	20	0	3	1	4	5	7	0
CERVIX UTERI	4	4	0	0	4	0	0	0	2	2	0	0
CORPUS UTERI	9	7	2	0	9	0	2	1	1	1	4	0
OVARY	5	3	2	0	5	0	1	0	1	1	2	0
VULVA	1	1	0	0	1	0	0	0	0	1	0	0
OTHER	1	1	0	0	1	0	0	0	0	0	1	0
MALE GENITAL	97	84	13	97	0	0	1	68	3	5	20	0
PROSTATE	96	83	13	96	0	0	0	68	3	5	20	0
TESTIS	1	1	0	1	0	0	1	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	18	16	2	13	5	0	5	1	0	5	7	0
BLADDER	11	11	0	9	2	0	4	1	0	2	4	0
KIDNEY/RENAL	7	5	2	4	3	0	1	0	0	3	3	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
BRAIN & CNS	14	14	0	1	13	0	0	0	0	0	0	14
BRAIN (BENIGN)	2	2	0	0	2	0	0	0	0	0	0	2
BRAIN (MALIGNANT)	4	4	0	0	4	0	0	0	0	0	0	4
OTHER	8	8	0	1	7	0	0	0	0	0	0	8
ENDOCRINE	3	3	0	0	3	0	0	1	0	0	1	1
THYROID	2	2	0	0	2	0	0	1	0	0	1	0
OTHER	1	1	0	0	1	0	0	0	0	0	0	1
LYMPHATIC SYSTEM	13	10	3	4	9	0	1	0	5	1	5	1
HODGKIN'S DISEASE	1	1	0	0	1	0	0	0	1	0	0	0
NON-HODGKIN'S	12	9	3	4	8	0	1	0	4	1	5	1
UNKNOWN PRIMARY	8	7	1	5	3	0	0	0	0	0	0	8
OTHER/ILL-DEFINED	1	1	0	0	1	0	0	0	0	0	0	1

Number of cases excluded: 0

This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

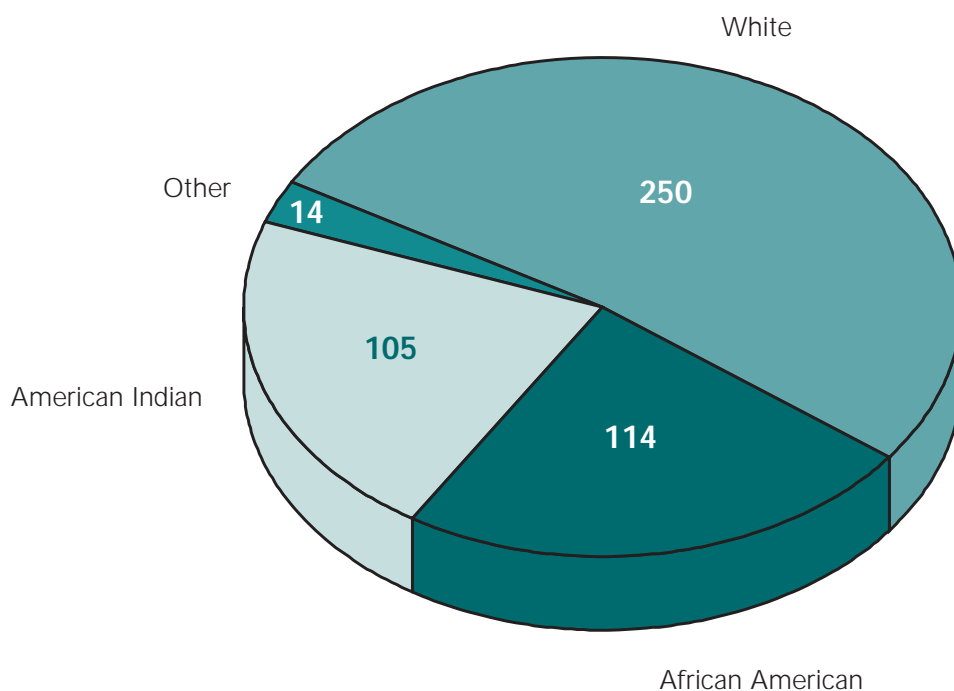
NEWLY DIAGNOSED CANCER

2006

DIAGNOSIS BY COUNTY

CURRENT COUNTY	NBR CASES	PERCENT
ROBESON	362	75
BLADEN	63	13
COLUMBUS	44	9
SAMPSON	3	<1
SCOTLAND	3	<1
OUT OF STATE	3	<1
PITT	1	<1
EDGEFIELD	1	<1
WAYNE	1	<1
CUMBERLAND	1	<1
GATES	1	<1
TOTAL CASES	483	100

ETHNIC DISTRIBUTION



COLORECTAL STUDY

2006

The following report is submitted to fulfill Cancer Program standard requirements as set forth by the American College of Surgeons, Commission on Cancer. The Quality Improvement standards were designed to “ensure that cancer services, care, and patient outcomes are evaluated and improved so that patients receive care that is comparable to national standards.” To this end, a survival analysis and statistical evaluation of treatments (surgery, chemotherapy and radiation) are presented for colorectal cancers. This data represents survival data from patients diagnosed in 1999-2000 who were alive in 2005, and the statistics (diagnostic procedures, treatment, percent by gender, percent by site) of patients diagnosed in 2006.

There are two observations in this data that are particularly notable. First, the survival rates for colorectal carcinomas diagnosed, treated and followed at this facility was higher than the North Carolina and National Cancer Data Base rates of five year survival. The rate of survival for Stage IV colorectal cancer was significantly higher and may be due the small sample size. Overall, Stage IV colorectal cancer patients are most likely living longer as a result of newer, active chemotherapy agents. Secondly, the vast majority of colorectal cancers are Stage III or IV cancers at diagnosis. The number of cases and the number of colorectal cancer deaths could be reduced by early detection. Early detection will require increased public awareness of obtaining screening colonoscopy and reporting symptoms.

Respectfully submitted,

Gail Leget, M.D.

Cancer Committee Chairman

CANCER DIRECTED SURGERY STATS FOR 2006 COLORECTAL STUDY

	COLON NBR	RECTUM NBR	RECTOSIGMOID JUNCTION NBR	TOTAL NBR	VALUES (%)
None; no surgery of primary site	4	3	0	7	15.2
Local tumor excision, NOS	0	1	0	1	2.2
Polypectomy, NOS	1	0	0	1	2.2
Excisional biopsy	1	1	0	2	4.3
Polypectomy-endoscopic	1	0	0	1	2.2
Wedge or segmental resect.; partial proctosigmoidectomy, NOS	9	1	5	15	32.6
Subtotal colectomy/hemicolectomy	18	0	0	18	39.1
Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include portion of rectum)	1	0	0	1	2.2
OVERALL TOTALS	35	6	5	46	100

COLORECTAL STUDY

2006

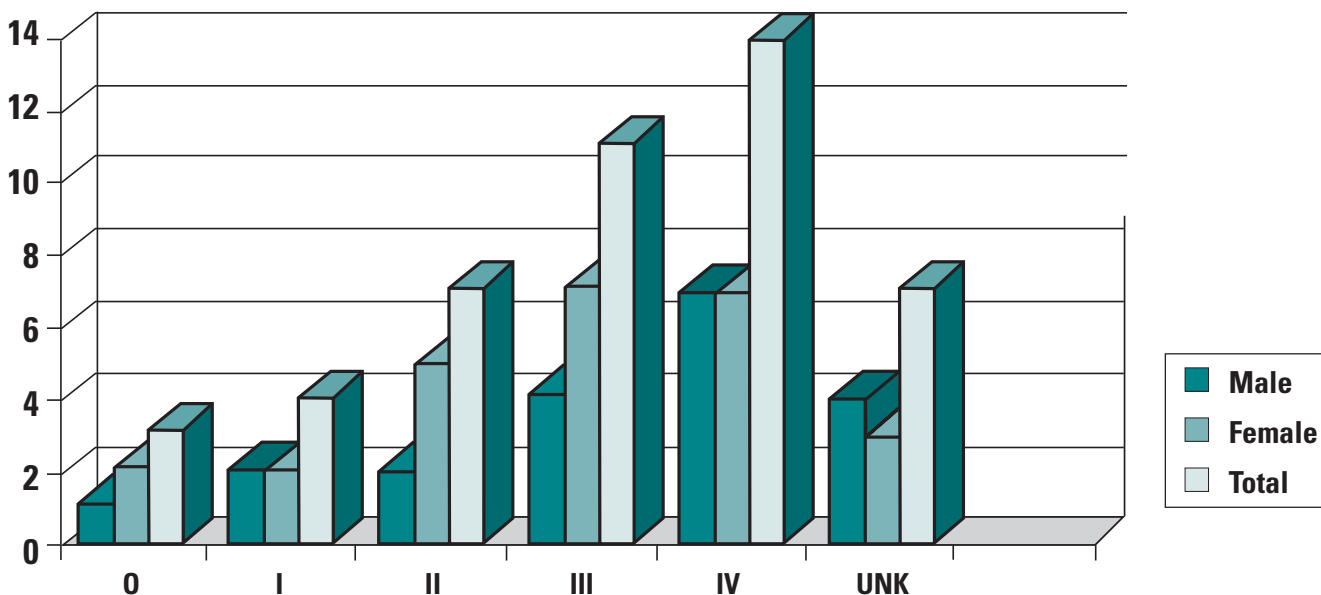
GIBSON CANCER CENTER SOUTHEASTERN REGIONAL MEDICAL CENTER

SITE BY RACE TABULATION FOR 2006 - ANALYTICAL - CASES

SITE NAME	NBR		WHITE		BLACK		ASIAN		ORIENTAL		AMER INDIAN		OTHER	
	CASES	(%)	NBR	(%)	NBR	(%)	NBR	(%)	NBR	(%)	NBR	(%)	NBR	(%)
COLON	35	76	17	49	15	43	0	0	0	0	3	9	0	0
RECTOSIGMOID JUNCTION	5	11	2	40	2	40	0	0	0	0	1	20	0	0
RECTUM	6	13	3	50	2	33	0	0	0	0	1	17	0	0
OVERALL TOTALS	46	100	22	48	19	41	0	0	0	0	5	11	0	0

NOTE: Asian includes -Asian Indian, Pakistani, and other Asian. Oriental includes -Chinese, Japanese, Filipino, Korean, and Vietnamese. Other includes -all races not listed above and/or unknown.

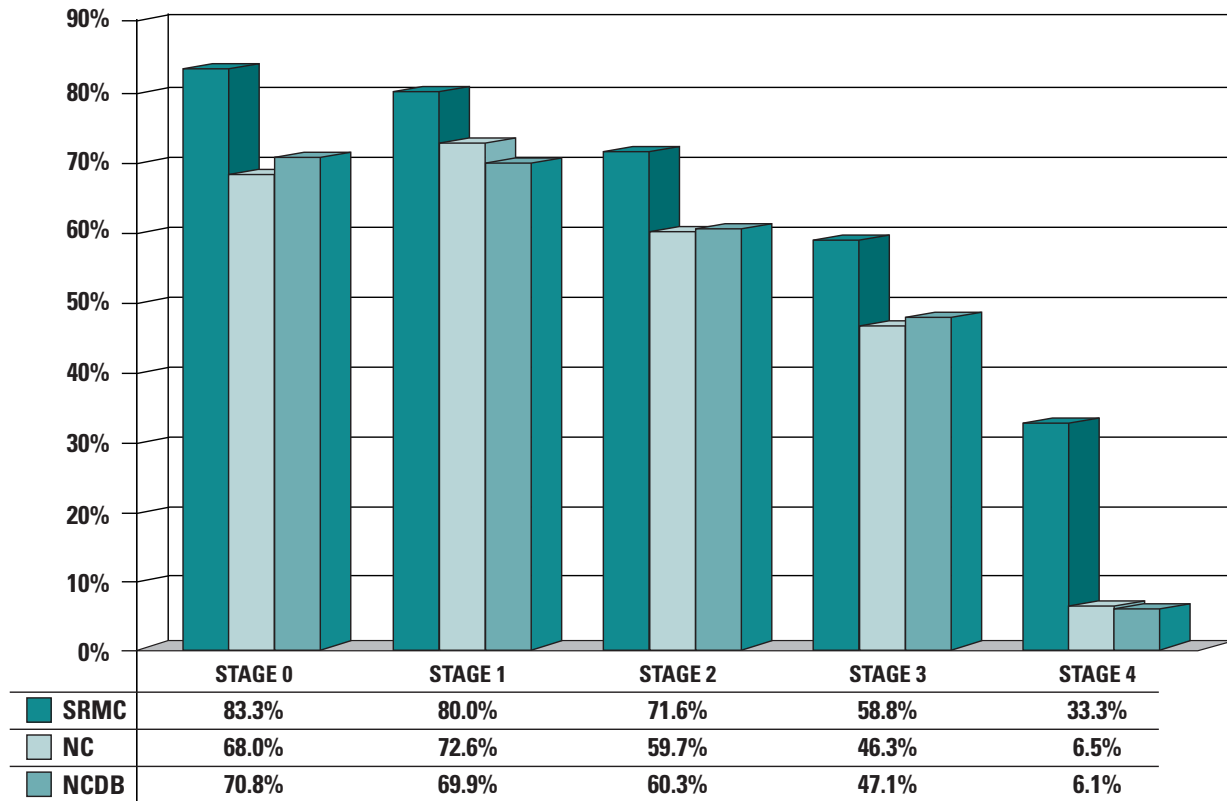
2006 STAGE BY SEX COLORECTAL



COLORECTAL STUDY

2006

COLON CANCER OBSERVED SURVIVAL RATES SRMC - NORTH CAROLINA - NCDB



TREATMENT COMBINATIONS DISTRIBUTION 2006 - COLORECTAL - STAGE -3 & 4

TREATMENT COMBINATIONS	NBR CASES	PERCENT
SURG/CHEMO	16	64
SURG	3	12
CHEMO/RAD	2	8
SURG/CHEMO/RAD	2	8
CHEMO	1	4
NONE	1	4
TOTAL CASES	25	100



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